

Mail to:

Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Date Entered: _____

2005 SOLID WASTE INCINERATOR ANNUAL REPORT

Administrative Information Please enter all the information requested below.

Calendar or fiscal year of report: _____

If fiscal year, please provide period covered: From _____ To _____

Facility Name: _____

Facility Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____, State: _____ Zip Code: _____

County: _____

Contact's Name: _____ Phone No.: (____) _____

Title: _____

Contact's Mailing Address: _____

Contact's Email Address: _____

Owner

Name: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____, State: _____ Zip Code: _____

Operator *(Complete this section only if the operator is not an employee of the Owner shown above)*

Name: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____, State: _____ Zip Code: _____

Permit Information To insure complete records and proper filing please complete the following.

Permit No.: _____ Permit Date: _____

(shown on second page of permit)

(Date permit was effective)

Facility TypeLarge Incinerator ☐
capacity greater than ten tons per daySmall Incinerator ☐
capacity less than ten tons per day but greater than
250 pounds per weekNon-permitted ☐
capacity Less than 250 pounds per week**Facility Status**☐ Currently in Operation☐ Closed - Date: _____*(The "Closed - Date" is the date that all waste and ash were removed from the site)*

Annual Disposal

Tons of waste received for incineration during period: _____
or cubic yards: _____
Tons per day: _____ Tons recycled: _____
(Total tons divided by 365)

Financial Assurance

Facilities required to have Financial Assurance should complete the following

Current Closure Cost Estimate: _____
Current Post-Closure Cost Estimate: _____
Current Financial Assurance Mechanism: _____
(ie. Bond, Trust Fund, Corporate or government Test etc.)
Financial Assurance Mechanism Holder: _____
(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)
Current Amount or Balance in Mechanism: _____

Other Required Reports

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Financial Assurance: Each facility, required by permit to have financial assurance, must recalculate the cost of closure to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted.

Note Facilities using the "Local Government Financial Test" must provide the information required in R315-309-3(7)(d) each year.

Signature: _____ **Date:** _____
Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ **Title:** _____